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Interim Hearing on Los Angeles County AIDS Budget

Assembly Committee on Health

ASSEMBLY COMMITTEE ON HEALTH

INTERIM HEARING ON

LOS ANGELES COUNTY AIDS BUDGET

Tuesday, September 25, 1984
State Capitol - Room 125
Sacramento, California 95814

MEMBERS

Assemblyman Curtis R. Tucker, Chairman
Assemblyman Phillip Isenberg, Vice Chairman

Assemblyman Richard Alatorre
Assemblywoman Doris Allen
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Assemblyman Bill Leonard
Assemblyman Burt Margolin
Assemblywoman Jean Moorhead

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Secretary

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SUMMARY OF FINDINGS AND RECOMMENDATIONS BY WITNESSES

The Committee heard testimony from health professionals that the potential onset of clinically defined AIDS which is generally fatal, within two years may grow to enormous proportions. According to a medical witness testifying before the Committee, in 1978 within a small sample of sexually active gay men in San Francisco, one out of two hundred (½%) had evidence of exposure to the virus believed to cause AIDS. By 1984 the figure had jumped to 65%. The corresponding figures for Boston were between 25%-30%. Public statements about the imminent production of a vaccine may assuage public fears, but given the period of time before an effective and safe vaccine is available to unexposed individuals and given the exposure rates cited above, the number of persons in Los Angeles that either will be or have been exposed to the virus would number in the hundreds of thousands. How many persons exposed to the virus will develop AIDS is unknown at this time, but the high mortality of clinically defined cases and the considerable expense associated with the medical and social support portend significant costs to society, as the incubation period for the disease runs its course and exposed persons begin developing AIDS in multiples of present cases.

The Committee also heard testimony regarding the potential effects upon public consciousness of a test to determine if asymptomatic persons have been exposed to the AIDS virus.

Since physicians will not be able to advise regarding prognosis or other than palliative medical measures respecting AIDS, a general hysteria might develop which would have serious effects on the blood system and the well-being of persons who test positive. This group could include persons who may be members of the general population that are not considered at high risk for AIDS.

These issues imply that a substantial educational program is required to prevent the onset of AIDS, to counsel victims, and generally inform health care providers, and the general public regarding the problem.

With respect to resources, the Committee heard testimony about the rapid increase in caseloads in Los Angeles with only minimal support from public funding sources.

A representative of the San Francisco Department of Public Health discussed the San Francisco experience in the medical treatment of persons with AIDS and efforts in prevention and education.

Witnesses provided the Committee with the following recommendations regarding AIDS projects in Los Angeles County:

1. Assess community needs to determine how to spend allocated funds.
2. Increase efforts to educate high risk individuals on measures to reduce their risk.
3. Provide skilled nursing facility beds as an alternative to high cost hospitalization.

4. Increase government funding levels for support, education and medical care.

5. Clearly indicate that AIDS is the number one public health problem in Los Angeles.

6. Increase funding for Los Angeles County to at least $10 million in accordance with the following schedule:

   a) education, $4.5 million (including information about the meaning of the AIDS blood test);

   b) skilled nursing beds, $.5 million; and

   c) Acute Hospital and Mental Health Services, $5.0 million.

7. Encourage the Commissioner of Insurance to eliminate preexisting illness and other exclusionary clauses in health insurance policies with respect to AIDS and other chronic illnesses.

ASSEMBLY COMMITTEE ON HEALTH
INTERIM HEARING ON
LOS ANGELES COUNTY AIDS BUDGET

TUESDAY, SEPTEMBER 25, 1984
STATE CAPITOL, ROOM 125
SACRAMENTO, CALIFORNIA 95814

CHAIRMAN CURTIS R. TUCKER: My name is Curtis Tucker, I'm Chairman of the Assembly Health Committee. I want to introduce a few of my colleagues who are here now and by the time I finish there will be others. To my far right, Phillip Isenberg, former Mayor of Sacramento, an Assemblyman who represents his old City and the surrounding area. And next to him is Michael Roos, the Majority Floor Leader of the California Assembly. To my immediate right is Paul Press, Principal Consultant to the Health Committee. And one that we can't work without, Deborah Lott, Committee Secretary.

Good morning ladies and gentlemen, welcome to the Assembly Health Committee Interim Hearing on Los Angeles County AIDS Funding.

Within the last few years the public health community and the general public have become aware of a public health crisis of major dimensions.

I am speaking of the AIDS epidemic which generally kills its victims within 2 years of onset, is presently incurable and is being diagnosed in Los Angeles at a rate which doubles every six months.

Our hearing today will focus on the response which Los Angeles County has made regarding this problem.

We will hear testimony concerning the specific commitment of the county, as well as comments on unmet needs, recommended activities and funding levels.

In addition, the Committee has asked for testimony from San Francisco public health officials concerning their experience with AIDS, a description of their service system and funding, and some general recommendations regarding principles of prevention, outreach and treatment.

Before we take testimony we will view a video profile of the AIDS epidemic produced by WNET, New York, which should set the stage for the testimony of our witnesses.

While I was reading this prepared statement Mrs. Jean Moorhead, Assemblyperson from the Sacramento area has just joined us. She is also a member of this Committee.

So why don't we let it roll. Let's look at this film. Now I'd like to say that while testimony is being given any member of the Committee will be privileged to ask any questions that he or she so desires at any time.

The Committee then viewed:

A VIDEO PROFILE OF THE AIDS EPIDEMIC

PRODUCED BY WNET, NEW YORK

AND NARRATED BY EDWARD ASNER

CHAIRMAN TUCKER: I guess now we'll have testimony from Neil Schram, M.D., Chairman, Los Angeles AIDS Task Force. Dr. Schram.

DOCTOR NEIL SCHRAM: Mr. Chairman and members of the Committee, thank you for inviting me to testify before your Committee about the needs of Los Angeles County regarding AIDS. The latest figures as of September 10th is that there are almost 6,000 cases of AIDS in the United States and almost 500 in Los Angeles County alone.

One must keep in mind that that figure of almost 6,000 is the CDC surveillance definition of AIDS. In other words, in order to report they have a very restricted definition. But the CDC estimates that there are 10 times as many people afflicted with a severe disease that does not fit their criteria. Such as a lymphadenopathy syndrome or what's called wasting syndrome, where people just are sick but do not fit the CDC definition. So we're talking not just the 6,000 cases, but of estimated 60,000 cases in this country. And that would translate in Los Angeles County to almost 5,000 cases.

There is a mistaken belief on the part of some people that with a blood test to "protect" the Nation's blood supply and a vaccine available in a year or two that the health crisis is over. As was just indicated, this is a potentially disastrous conception. In a small sample of sexually active gay men in San Francisco, two thirds have been exposed to the virus that was just talked about HTLV III. And I think those figures should be stressed. This is information collected by the CDC in blood samples from 1978, 1980 and 1984. In 1978 one out of two hundred

of these men had evidence of exposure to this virus. By 1980 that was 25% and by 1984, 65%. In other words, in a period of 6 years, two thirds of the men who had not been exposed to the virus had become exposed. That's a frightening statistic.

In Boston, it's estimated 25% to 30%. If, as with the number of cases per million population, Los Angeles County falls in between the two, as many as hundreds of thousands of people in Los Angeles County either have been or will be exposed to that virus by the time a vaccine is proven both safe and effective. And I think, you again heard that the estimate is that possibly a vaccine could be available in a year. What is not talked about is how long it would take to be proven safe and effective.

First animal trials would have to be done and there are now 4 chimpanzees that the virus has been inoculated into that have shown evidence of infection. The vaccine could then be proven in animals to prevent the disease. However, then a trial would have to be done like the hepatitis B vaccine where large numbers of people were vaccinated and compared to a group that was not vaccinated. And with an incubation period that can go up to 5 years it has to take years before you could prove that it was effective, let alone safe. It is uniformly agreed that a vaccine will be of no benefit to those people that have already been exposed to the virus.

How many of those exposed to the virus of the potentially hundreds of thousands of people will develop AIDS is

clearly unknown at this time, as are the factor(s) that will determine who will or won't develop the disease.

What has become clear is that until either effective treatment and/or a vaccine is available, prevention is the most important if not the only tool that we have to limit the number of people who develop this disease. I must remind you that the overall mortality rate is about 46%, but as again was pointed out, the long range mortality appears to be about 80% or more. That's an incredible mortality rate. I ask you to think about other diseases, you talk about polio you had perhaps 1% of the people infected developed severe disease. With hepatitis B a minuscule percentage died from the disease. So people who develop CDC definition AIDS, a mortality rate of 80% is just incredible. Further, it is estimated that the average medical costs for a patient with AIDS is $100,000 or more. And that does not address the other costs to society of the disease such as loss of earning power, sick pay, disability pay, etc.

In addition to the need for prevention, especially among high risk individuals, there is a great need for education of health care workers about the disease. Very soon, blood banks will be screening all blood donors for the antibody to this virus. Remember that high risk individuals since February, 1983, have been asked to exclude themselves from donating. And recently in talking with people from the Southern California Red Cross Center, it's been very clear that that has been effective.

Therefore, individuals who now turn out to have antibody, in other words who have been exposed to the virus, will be individuals who do not consider themselves in high risk categories. In other words these are going to be people who do not fit into the groups of people who should be at risk for AIDS. These people will then be advised to contact their physician. I have to tell you frankly that no physician at this point knows what to do with such a person. And, in fact, when this starts happening very soon, there is a study being done by the National Heart Lung Blood Institute in Los Angeles County where 50,000 blood donors are going to be screened. When those people are found to be positive for antibody, they're going to be told to see their physician. At this point the physician cannot even duplicate the test to confirm that it is correct. Then the physicians are going to have to be educated about what to tell the patient about the disease, about the test and about the implication...

CHAIRMAN TUCKER: Excuse me, Doctor, are we still finding physicians who will refuse to accept a patient suspected of having AIDS?

DR. SCHRAM: That's difficult for me to answer, I honestly don't know.

CHAIRMAN TUCKER: At the very beginning when we first became aware that there was a small epidemic there were physicians who were refusing to see patients that they suspected

had AIDS. And I was just wondering whether our educating them has had any affect, in fact, do we still have physicians who will not treat those patients. Or hospitals who would not accept them.

DR. SCHRAM: I honestly cannot answer that. I think Dr. Finn would know that better than I do. I will say, however, that we know there are dentists, in fact most dentists will refuse to take care of people with AIDS. Many physicians are able, once they make a diagnosis, to send the patients to other physicians who are more knowledgeable. So I don't know that they refuse to do it, I just don't know.

I really hope that people will consider the effect on the blood system that this blood test is going to have. Because you're going to have people now who think that they're healthy who are going to be told that they have been exposed to the virus that causes AIDS. And that's liable to be misinterpreted to mean that people were healthy when they went to donate, but now they have AIDS. And that is liable to cause the same kind of hysteria that was seen a year ago when people stopped donating blood. And I'm really concerned that without a major educational effort that's liable to happen. And that's obviously going to affect anybody in the community. In any event there's going to be a great need for counseling of these people and their sexual contacts.

I have so far addressed only some of the educational needs, not only for Los Angeles County, but frankly communities around the state. However, I do believe that in our county we have not done nearly an adequate job of educating high risk individuals. Specifically, gay and bisexual men and IV drug users on risk reduction. There's no doubt that trying to modify sexual behavior is extremely difficult. It's difficult to get people to stop smoking, it's difficult to get people who are alcoholic to stop drinking. Even to modify sexual behavior into low risk activity is extremely difficult and, in my opinion, is going to require lots of novel approaches. And regretfully novel approaches cost money.

CHAIRMAN TUCKER: I particularly like your remark about how difficult it is to stop smoking. I stopped smoking 3 months ago. My staff doesn't believe it, but I haven't had a cigarette in 3 months, real difficult.

DR. SCHRAM: The task force that I was asked to chair by Mayor Bradley and Supervisor Edelman; will be looking at ways of developing needed educational programs. And hopefully when that is done, and again I feel it should have been done a long time ago, we will know what, at least ball park figures, what it should cost.

There are many needs of people with AIDS that are not being met, including the availability of skilled nursing homes outside the hospital. I want to state that to my knowledge the

medical needs in the hospital of people with AIDS are being fully met. However, because many individuals lose their homes because of inadequate income, because they lose their jobs, or because their landlords or roommates or families learn of their disease and evict them, then many of them have no place to go. So physicians literally cannot discharge the patients from the hospital. And so they are kept in the hospital a significantly longer time, I believe, than would be medically necessary, simply because there is no place to go. A skilled nursing facility would cut medical cost significantly.

There are many other needs that people with AIDS, including basics like food, clothing, and of course psychosocial support that are being met by volunteer community organizations. Because over 90% of the cases in L.A. County have been in gay and bisexual men, it has been largely the gay community that has responded. The organizations doing the work have been uniformly, desperately short of funds to do what must be done. It is difficult not to continue to believe that if this were not perceived of as a gay disease then much more funding would have been available from all levels of government. As you know, the disease is spread not only by blood but by sexual contact. Since viruses do not and cannot differentiate between homosexual and heterosexual behavior it will continue to be seen among heterosexuals in increasing numbers. I desperately hope that it does not require a large number of cases among heterosexuals for people to realize the seriousness of this disease.

I believe strongly that it is the responsibility of the Federal, State, City, and County to provide adequate funding. This is a terrible disease affecting young individuals with an incredible mortality rate.

I greatly appreciate that you are reviewing the funding question and hope you will recommend additional funds for our community from all levels.

I thank the Committee for the opportunity to submit this testimony.

CHAIRMAN TUCKER: Dr. Schram, Assemblyman Roos would like to ask you some questions.

ASSEMBLYMAN MICHAEL ROOS: Mr. Chairman. Dr. Schram could you tell me who funds the Los Angeles AIDS Task Force?

DR. SCHRAM: To my knowledge there is no funding for the Los Angeles AIDS Task Force.

ASSEMBLYMAN ROOS: So you're a self-appointed Chair?

DR. SCHRAM: No, sir. I was appointed Chair by Supervisor Edelman and Mayor Bradley. But the Task Force is a group of dedicated individuals with no funding.

ASSEMBLYMAN ROOS: I see, so basically you're about the business of just trying to, again, aggregate as much information as possible and appear in forums like this to urge funding?

DR. SCHRAM: And develop programs to assess the needs, what is being done, as much as what you're trying to do, and develop educational and other programs that are not...

ASSEMBLYMAN ROOS: When was the Task Force appointed?

DR. SCHRAM: When? It had its first meeting 6 days ago.

ASSEMBLYMAN ROOS: Six days ago?

DR. SCHRAM: Yes, sir.

ASSEMBLYMAN ROOS: Is the information that I have before me correct that AIDS in Los Angeles County is doubling every 6 months?

DR. SCHRAM: I think the report is 1 case per day, whether it's doubling every 6 months, Dr. Finn would know better than I would. But I think about a year or a year and a half ago there were only about 150 cases reported.

ASSEMBLYMAN ROOS: Since most of these numbers, we have a spread sheet of expenditures from Los Angeles County and it seems that the larger portion, about 2.8 million out of a total of 3.2 million goes toward direct medical care for those who are either inpatient or outpatient victims. What has been the political response at the Board level with regard to, in your opinion, with regard to responsiveness to the problem in Los Angeles County?

DR. SCHRAM: I honestly don't know except to say clearly there's a great need that has not been met.

ASSEMBLYMAN ROOS: Are there other jurisdictions that compare favorably though in terms of...

DR. SCHRAM: I have not seen the figures that you have in front of you, I have to tell you.

ASSEMBLYMAN ROOS: Oh, I see. Well, let me put it this way. Do you think that there is any standard that Los Angeles County, either through state intervention or directly, should be looking at? Do you think that there are jurisdictions that are addressing it adequately?

DR. SCHRAM: That's again, impossible for me to answer. All I can tell you is that there is a great unmet need. I don't have the ability to compare what is being done in L.A. County with San Francisco.

ASSEMBLYMAN ROOS: Okay, well let me put it this way. If you had all the wishes that you needed how would you be addressing the problem? Not only in the State but by jurisdiction? Where would you be putting your money?

DR. SCHRAM: I think what has to be done first, in my opinion, is assessing the needs of the communities. In other words, what's happening is that there have been monies that have been funded and then people have said, "well now how can we spend the money." And it seems to me that that's the backward approach. The proper approach would be to look at the needs, the things that have to be done, the things that are not being done, see what that costs and then look at how much money is necessary.

ASSEMBLYMAN ROOS: With what goal in mind, prevention, maintenance?

DR. SCHRAM: All of these are necessary. Prevention, to me, is absolutely essential. The figure of hundreds of thousands

of potential people, we're talking potentially half of the gay men in Southern California, which could be as many as half of a million people, is an incredible figure. How many of those are going to develop AIDS, we don't know, but if we cannot prevent those individuals from being exposed to the virus we're liable to be faced with incredible medical expenditures.

ASSEMBLYMAN ROOS: Well, aren't you about the business of assessing needs now?

DR. SCHRAM: Yes, sir.

ASSEMBLYMAN ROSS: Well that costs no money.

DR. SCHRAM: I repeat, the assessing should be done in terms of deciding how much money is necessary.

ASSEMBLYMAN ROOS: Well when will you complete your task?

DR. SCHRAM: As quickly as possible. I've only been at it 6 days, sir.

ASSEMBLYMAN ROOS: I understand.

DR. SCHRAM: If I had had my way this kind of assessment would have happened two years ago and the answers to your questions...

ASSEMBLYMAN ROOS: Did Supervisor Edelman unilaterally appoint you or was this a task force idea that was politically sponsored by the entire Board of Supervisors?

DR. SCHRAM: No, sir. In May, Supervisor Edelman convened a group of 25-30 individuals and the recommendations

from that meeting were that with Mayor Bradley a task force be appointed.

ASSEMBLYMAN ROOS: Okay. I guess just a final question would be, in your experience as a physician and someone who maybe has been an observer of response to public health questions, how would you assess the responsiveness to AIDS compared to Legionaires Disease, compared to Polio, compared to other things that we saw on the WNET thing?

DR. SCHRAM: I think the best example I can give you is a memo that is now in the Congressional record from Assistant Secretary Brandt to Secretary Heckler requesting $55 million in additional funding for AIDS in 1984 and 1985. The memo that came back from Secretary Heckler to Assistant Secretary Brandt basically said no. In my opinion for that level of memo to be sent asking for $55 million and not one penny to be recommended by an administration is just unheard of. I can't imagine it happening if this were any other disease.

ASSEMBLYMAN ROOS: Thank you, Mr. Chairman.

CHAIRMAN TUCKER: And that, Mike, was recommended by you as Public Health Service Center for Disease Control to Mrs. Heckler, and to the Administration and they have denied this meager $56 million for the whole nation. The unfortunate thing is this disease, if it is controlled where it is now could possibly be placed in the category of an orphan disease and very, very little research into the epidemeology of it will occur.

This is the unfortunate thing, it could happen. Thank you very much, Doctor. Are there any other questions of the Doctor? Mr. Isenberg.

ASSEMBLYMAN PHILLIP ISENBERG: Doctor, just an observation. Congratulations for volunteering to do this. I would suggest to you that your committee deliberations might have a greater impact than you might now feel and if you move with some speed to identify the problem as you see it and suggest funding, that all of a sudden will begin to set the terms of the public debate, whether it's here in Sacramento or in Los Angeles. And that is a tremendously powerful public weapon to beat public officeholders like us over the head with and I would encourage you to move expeditiously to do it.

DR. SCHRAM: I can assure you we will do our best.

CHAIRMAN TUCKER: Dr. Schram, thank you very much for taking the time to come and testify before the Committee.

DR. SCHRAM: Thank you very much.

CHAIRMAN TUCKER: Coleen Johnson, Associate Director, Los Angeles AIDS Project.

MRS. COLEEN JOHNSON: Thank you for having me here to testify. I have my own ideas on the problems and I'll let you know what they are. I have a little different perspective than Dr. Schram because I work directly with people with AIDS every day that I'm at work.

I feel that I've been very fortunate to have the support of parents, a loving husband and good health and those are all things that we all pretty much take for granted. Since I've come to APLA to work as their Director of Psychoservices I've realized what a sheltered life I've led and I've been, frankly I've seen things I wish I'd never seen. I've been asked to come and speak to you today about some of the people that I've met, some of the suffering that they undergo and so that's what I'd like to talk to you about.

All of the horror stories you have heard are true. Sometimes we hear about things in the newspaper and we kind of think that must not be as bad as it sounds. I'd like to give you some examples of that.

Last month the mother and the stepfather of a person with AIDS named Peter came to my office. I had asked them to come and take care of their son while we arranged for 24-hour care for him, as he was too ill to get up out of bed. He couldn't walk. And I told them that I thought a conservatorship was necessary for him. He was so delirious from fever that you would call him up and he would not know what his address was or what his phone number was, we had found social security checks on the floor, no one was helping him. He does not have friends. All his friends have deserted him because of AIDS. And they said to me, "we can't take any financial responsibility for him." So I thought, well, obviously they don't understand what I'm asking,

I explained I'm just asking for you to pay a few bills with the funds he has, not to take responsibility for him. They said again, "we can't take any financial responsibility." So I saw that I was not going to get anywhere with that and I asked them to stay a week with him while we were able to try and get some assistance from Choremaker to try and get volunteers in there to help him. They stayed 3 days and then they left. And so he was alone again, not being able to take care of himself.

Peter died recently. An APLA Volunteer, that's an AIDS Project Los Angeles Volunteer, is closing out his estate because there's no one else to do it. The parents are not involved any longer.

Last week in Santa Monica a young man had his wallet stolen, he went to the police department to report the theft, the policewoman found out that he had AIDS. She took his paperwork, she put it in a plastic bag, she stapled it, she went home that night, she burned her dress. And this was last week, it was not a year ago and I believe you had some questions about whether things are better. Yes, we've done a lot of education but it hasn't taken hold extremely well. There's still a lot to be done.

I went to a department store Sunday, bought a nightgown and sometimes they ask you where you work. That's always an interesting question for me to answer and I said AIDS Project and the saleslady got a little upset and she said, "isn't there a

cu e for that?" No there's not a cure and there's not going to be one for a long time. And this is someone in the general public that's been led to believe that there is a cure. Aren't you afraid of getting it by touching them? Well, no I'm not. But again, she was not aware, after all this massive education, that you couldn't get AIDS by touching someone.

We have a client by the name of Amy, she's a very shy woman. She's 26 years old and she's the mother of 4 small children. She is very devoutly religious and she had been very stunned to learn that her husband had been using IV drugs. She was again stunned to find out she had AIDS and she was even more upset to find out that her smallest child had gotten AIDS from her while he was in her uterus. The little boys name is Mikey and they're often hospitalized together. She's had to give up 2 of her children to her former husband's care. These children don't understand what's going on, they've very angry, they're hurt. The remaining little girl that she has is still in the home, she's very frightened of losing her mother. One day the little girl came to her mother and she said, "are you and my brother going to die," and Amy said, "yes, we're going to die," and the little girl said to her mother, "is Daddy going to die," and she said, "yeah, he might," and the little girl said to Mom, "Mom, I don't want to be alone, how can I go with you?" And those are the sorts of things that happen to real people and every story that I'm telling you today is absolutely true.

Amy's blind now because of AIDS. Her income is very limited, she's on welfare and the food coupons that the AIDS project give her help. But she'll soon need someone to help her from the bed to the toilet and back again. She'll need someone to feed Mikey when he can be coaxed to eat. She'll have to be turned in bed to keep bedsores from forming. That's the sort of care that these people need. They cannot get them in the skilled nursing facility. There is not a single skilled nursing facility in L.A. County that will accept these people.

I'd like Amy to die in dignity. A lot of people don't. A man named William was one of those. When I first saw him he was 30 years old...

CHAIRMAN TUCKER: Assemblyman Roos.

ASSEMBLYMAN ROOS: You just skipped over so quickly that a skilled nursing facility will not take an AIDS victim.

MRS. JOHNSON: There is not a single skilled nursing facility in L.A. County that will take a person with AIDS.

ASSEMBLYMAN ROOS: This is a conscious policy, an articulated policy?

MRS. JOHNSON: Well, I've tried to get people to put it in writing and I have been unsuccessful at that. But there has not been a single, successful admission into a skilled nursing facility. And I think anyone, Dr. Finn will confirm that, anyone who works with AIDS will know that.

ASSEMBLYMAN ROOS: And officials have just quietly just sat by while there's been a systematic denial?

MRS. JOHNSON: At this point, yes. At this point I'm not sure that officials are aware enough of the problems to begin to do something about it. Okay, we at the AIDS project have been doing what we can with extremely limited staff to begin working on this problem and Martin Finn has also begun to begin working on it in a very limited way. But with real limited staff it's difficult to do. It's something that needs to be attacked, I think possibly, politically.

CHAIRMAN TUCKER: And Mike, yes, there are physicians also who will not see a patient if they suspect a patient has AIDS.

MRS. JOHNSON: That's my guess too, there are certainly nurses that have problems with that, dentists, etc.

William was someone who had AIDS for a long time...

CHAIRMAN TUCKER: Excuse me just a moment, Bruce Young has just joined us from the Downey area.

MRS. JOHNSON: Okay, when I first met William he would wear a coat, even on the warmest of days. It doesn't get cold in Los Angeles. I think you all pretty much know that.

CHAIRMAN TUCKER: It gets awfully hot, though.

MRS. JOHNSON: Yeah, and he had no body fat left from diarrhea for months. But he'd always wear this scarf around his neck. Now I don't know if jauntiness and emaciation clash, it

was kind of pathetic. He lived alone, his parents had refused to come and help him, they wanted no part of a son with AIDS, he had once been very popular, he was an artist, he had a lot of friends, unfortunately they were not friendly enough to come over and cook him a meal, neither were they friendly enough to see he took his medications properly, to carry him to the toilet, any of those sorts of things. He called me and he insisted he was going to New York on the train. That didn't sound right, so I went over. I found him, I hate to be so graphic, but he was surrounded by his own excrement. He had been there for days and no one had seen him. I called an ambulance and I waited, I waited, I waited a long time. I waited about 3 hours. Okay, when the ambulance crew finally came they reported they had had to get a volunteer crew, that no one wanted to come. They were real nice, but they didn't know anything about AIDS and they said, "how bad is this AIDS, anyway?" They had to be instructed by myself how to gown and glove to take this man to the hospital.

AIDS is pretty bad, I thought. It's bad enough that parents won't come and take care of their children, that people can't get access to the same services that they would normally get access to, and I'll tell you what I mean. I mean convalescent hospitals, I mean hospices. People with AIDS are not being allowed into hospices, which is a very cost-effective way to take care of someone who's dying. They are not being allowed into psychiatric hospitals, you cannot get a person with

AIDS admitted into a psychiatric hospital if they are suicidal. They can't get prompt ambulance services many times, these problems are still happening, they have not gone away. And my thought was that AIDS is pretty bad unless you have someone to help.

Now I'm going to tell you about what AIDS Project Los Angeles does so you're aware of what is being done.

CHAIRMAN TUCKER: Mr. Isenberg.

ASSEMBLYMAN ISENBERG: I don't know whether you'd be the right person to answer this question, if you're not, just tell me.

MRS. JOHNSON: Okay.

ASSEMBLYMAN ISENBERG: Of the people you deal with, what proportion receive public assistance in terms of either Medi-Cal, Medicare or other programs?

MRS. JOHNSON: Almost all of them receive state disability insurance in the beginning of their illness, provided they've paid in, of course. Almost every one receives social security disability or SSI. Now as far as Medi-Cal, what happens, chronically, and unless somebody comes to me first, they're liable to run into this problem. They will go to the Medi-Cal office and ask to apply and be told that they are not eligible.

ASSEMBLYMAN ISENBERG: Why?

MRS. JOHNSON: Because they're between 21 and 65 and people don't know what AIDS is and are not aware that it's a presumptive disability. They're told that over, and over, and over again. And I have to warn them before they go down to Medi-Cal. If they get to me they're lucky, I'll tell them to just ignore the people, get the application, fill it out, you are eligible, but the workers tell them that.

ASSEMBLYMAN ISENBERG: Okay. I want to ask Mr. Press a question, he may know about.

CHAIRMAN TUCKER: Go ahead.

ASSEMBLYMAN ISENBERG: There is, as I recall it, there is some anti-discrimination language that deals with Medi-Cal providers in terms of, you know you can't arbitrarily discriminate on age, sex and all of the other things. How are they able legally then to simply exclude any AIDS patient from a skilled nursing facility that accepts Medi-Cal or Medicare, so on and so forth?

MR. PAUL PRESS: Well, about the only law that's on the books that says that a facility has to accept somebody is the Health and Safety Code 1317, regarding emergency services, and I believe the W & I Code 17000 that requires county facilities to support and aid indigent persons, but a private hospital or a private facility is under no obligation to accept anybody they don't want to.

MRS. JOHNSON: And I think skilled nursing facilities are private. Almost all of them.

CHAIRMAN TUCKER: The same way they used to find reasons not to accept Blacks. We're overcrowded. Any reason that they can think up, they use that as an excuse for not accepting these patients.

MRS. JOHNSON: We don't have an opening. And we do have to tell them before the person is admitted, because its no good to admit someone to a facility and have the nurses run in the other direction.

ASSEMBLYMAN ISENBERG: Mr. Press, let me ask you a question. Is there any prohibition or any ability now on, say the County of Los Angeles if they wish to, to advertise for bids for say a skilled nursing facility in the county that would accept AIDS patients and in tandem with other State and Federal programs offer, say a financial incentive to a facility that would care to participate?

MR. PRESS: Well I don't think there's any prohibition against that, as a matter of fact I understand that in San Francisco and Gary Titus will be up here to talk about their program, they do have a dedicated ward, I guess in Garden Sullivan Hospital which is a private hospital, they have decided to accept AIDS patients in a skilled nursing facility. But again, as I understand it, it's a dedicated ward, it's not a mixed ward, but maybe that can be done.

CHAIRMAN TUCKER: And the, Mr. Isenberg, you have to understand the mentality of those who control the Los Angeles Board of Supervisors as it pertains to certain diseases in certain communities. These people are extremely conservative and they will save the buck any way they can, at anybody's expense. You've got to know that. You have 3 people down there who are really not concerned about public health or who have no desire to learn anything about it nor do they understand what preventive medicine is all about. The Well Baby Clinic in Los Angeles is no more and many other programs; our health education programs that we were so proud of at one time is no more. You have to understand the mentality of these people before you can really come to grips with the problem. I'm sorry, go right ahead.

MRS. JOHNSON: No problem, let me tell you about what is being done. AIDS project attempts to help people with AIDS. It is becoming increasingly difficult as our caseload goes up by leaps and bounds. When I came to the AIDS project in July of 1983, which was a little more than a year ago, I had a caseload of 60 people. I now have a caseload of 180 people. Until last month, I was the only paid professional working directly with people with AIDS. We now have quarter-time social workers that are helping me, so things haven't improved that much. We have a small staff of about 8 people. We have about three hundred volunteers, however, who are very active and help a great deal. Our Director of volunteers is getting gray hairs from all those volunteers but it's wonderful to see their commitment.

We have two focuses, first services to persons with AIDS and education. What we will do for a person with AIDS when they come into the office or we will go to the hospital and their home and do a psychosocial evaluation, meaning checking them out for depression and suicideality which we're finding in abundance. We're finding that people with AIDS are more likely to commit suicide probably than people with other terminal illnesses. And they're also probably more depressed, although we haven't got the final results in on the research, that's what we see at this point. We have a lot of different services for them, such as support groups where they can meet with other people with AIDS and get education about what they might do. Individual counseling. We have a Necessities of Life Program which includes a house for people with AIDS to live in and food coupons. We have clothing. Sometimes they come to us with no clothing at all. We have a transportation van to take them to the hospital. Often their lovers or parents may be so elderly that they are afraid to drive in Los Angeles, or they've unable to drive, so they need someone to take them back and forth to the hospital. That also has helped to ameliorate the problem with the ambulance if we can get our own van to go out, we know they'll get prompt service. We have volunteers that will go into the home and do practical things such as taking the garbage out and talking. We certainly don't have enough volunteers to cover the need. We have a recreation program, we have legal help in making wills,

giving power of attorney for health care decisions for someone. We have a financial counselor. Many of these people have had big bills, they've lost their jobs and no longer are able to work so they can't pay off that charge card at the rate they once did. We have insurance counseling, we've had a lot of problems with insurance companies wanting not to pay, that kind of thing. Helping people to change group coverage into individual. We have just about everything. We have a lady that goes out and cuts peoples hair. She has a son with AIDS here in San Francisco. So we have a lot of things, but the main needs for services, what I'll tell you is the AIDS Project cannot function on the kind of budget its been going on. We're projecting that in fiscal year 1985 we'll have served about 1,000. We now have only served 300, so if our caseload is going to go up that much we're going to need more help.

In the exterior community outside of APLA we need skilled nursing homes that will accept people with AIDS, we need board and care facilities that will accept people with AIDS. That's another place that you cannot get a person with AIDS placed. We need a hospice that will accept people with AIDS. The good news in L.A. County is that there's 1 hospice that will accept people with AIDs. The bad news is it's in Canoga Park, which means that comparatively speaking it would be like having a person in Walnut Creek. It would take you that long to get there and it's about that distance. This hospice will not accept

Medi-Cal. A lot of people do not have private insurance so they can't go there and it's only an acute care hospice which means if they don't need aggressive pain management or nausea control, they can't go there. Psychiatric hospitals, again we've got to be able to get people with AIDS in the psychiatric hospitals if they're suicidal. Day care is a real problem for people that need care during the day.

I'll tell you a little bit about our budget, well I'll tell you a little bit about education. We have a Speaker's Bureau. We go out and talk to anybody who calls us up and wants a speaker. We'd like to be able to do that more aggressively, to say, "look, we'd like to come here and train your people." We have a hot line so that people can call in. It's staffed on a volunteer basis, so it's not staffed as much as we'd like it to. We do need more money to get the hot line 24 hours. We do do TV and radio talks in hospitals, I go out and talk to social workers, etc., etc. We do a lot of education, but it's just not enough.

In fiscal year 1983, and I don't have this written, but it will be given to you probably tomorrow, our budget was $122,000. That was 100% funded by private sources, donations, that kind of thing. In fiscal year 1984 our budget is $360,000. Forty percent of that was funded by the government and 60% was privately. To break that down it was $90,000 from the State Department of Health Services for education funds and $70,000

from Federal Emergency Management Agency, that was a food and shelter grant that pays for a house and the food coupons we give people. Fiscal year 85, the projected budget is $1,000,000 and 60% of that we're estimating will be from the government and 40% from private. Fifty thousand dollars is a community services block grant to provide support services for people with AIDS, $36,000 is from county mental health, Short-Doyle money to hire another social worker, thank God, $35,000 is a county block grant from the Department of Community Services for food and shelter. We have another $55,000 from the City for day care for people with AIDS, we're trying to solve some of that problem with the nursing care by just bringing in some of our own people to care for people in their homes, since we can't get them into a nursing facility. Forty two thousand dollars is from the State Department of Health Services for education of health care professionals and the public. That is about $50,000 less than we got last year.

We have been recommended for, in addition to those things which I just told you that we've already got, $83,000 from the City to provide day care and education. We're applying for $160,000 from the State Department of Health Services for education funds for high risk education and mass media type education. We're hoping to get another $200,000 from the Federal Emergency Management Association for food and shelter of which that $35,000 may be refunded. So we're going to have to source

quite a bit of money from the private funding people, you and I donating out of our pockets.

I just want to say that I think the AIDS Project is extremely economical because most of our work is done by volunteers. Psychologists alone that contribute their time, we figured it out for one of these grants, in-kind services, I'd say conservatively they donate $100,000 worth of time a year. So if you have any questions that I can answer.

CHAIRMAN TUCKER: Any questions? Thank you so much, Mrs. Johnson, for coming, we really appreciate it.

Martin Finn, Dr. Finn, Medical Director, Public Health Program, Los Angeles County Department of Health Services. Dr. Finn.

DR. MARTIN FINN: Mr. Chairman, members of the Committee, thank you for this opportunity. I think I would like you to know that I have a somewhat broader perspective than just being the Public Health Medical Director and I'm privileged this year to be the Chairman of the AIDS Project Board. That helps me a little bit to understand much that Coleen has been telling to you.

My part in this, I think, is to just give some indication of what the County has been involved in and I believe you've all received copies this morning of our expenditures for 1983-84. The inpatient figures there are probably most accurate. The $2,100,000 at the L.A. County USC Medical Center is the

amount spent on 111 admissions. The 111 admissions had an average day stay of 26-27 days, 7 of those were spent in the intensive care unit. And that's where the majority of costs come from. So that you'll understand, the great costs...

CHAIRMAN TUCKER: Mr. Roos has a question, Dr. Finn.

ASSEMBLYMAN ROOS: So in other words, by the time that the County sees any of the victims, they're usually in a chronic condition?

DR. FINN: Well no, however, I believe the outpatient costs that you see displayed here are very low. The reason being at the point that they're an outpatient they have not yet received...

ASSEMBLYMAN ROOS: Wouldn't there be a duplication there?

DR. FINN: Well and also they have not yet received a diagnosis of AIDS at that point. They may be there just as someone who has candidiosis or has pneumonia. So it is when you get to the inpatient that probably your costs are the most truly reflective of what we're actually spending. There are many costs in both...

ASSEMBLYMAN ROOS: Yes, but my question was and you didn't give me the answer, it seems from these numbers that basically by the time the County sees them, the patients are in a very chronic condition. Is that not true or what?

DR. FINN: Chronic meaning they have a diagnosis, yes.

ASSEMBLYMAN ROOS: I'm not sure how you apply that to AIDS.

DR. FINN: It's an acute disease that progresses very rapidly to death. So, in that case, yeah.

ASSEMBLYMAN ROOS: Okay, let me put it this way, they're closer to death than they are to health?

DR. FINN: Oh, very definitely, yes. The CDC definition is a rather difficult one to arrive at in terms of the diagnosis, so they've usually had a considerable workup by the time they are actually called an AIDS case. The hospital...

ASSEMBLYMAN ROOS: By the way, is that other jurisdictions experience as well?

DR. FINN: Yes. The CDC criteria are...

ASSEMBLYMAN ROOS: Basically, they're usually closer to death than to health because it takes so long to work up whether the person has AIDS or not?

DR. FINN: Well, by the time someone has been diagnosed as having AIDS, most of them have reached a stage of debilitation that's considerable, yes.

ASSEMBLYMAN ROOS: So there is no early warning diagnosis?

DR. FINN: Some, those are the individuals who, I think, you've heard earlier, put in the AIDS related complex category, those who have the generalized lymphadenopathy, a wasting syndrome. They do not yet bear the diagnosis of AIDS. The

ambulatory care services figure is, I'm sure a very small one and does not reflect, again, the proper amount because they don't bear the diagnosis of AIDS. The public health programs amount is probably the only true preventive amount that you see reflected here and that is spent on the salaries of physicians in public health on the health educator in public health, on the acute communicable disease program, which is the general outreach activity within public health programs, and on a contract with the gay and lesbian community services center for the AIDS prevention clinic. Those are the individual activities which are reflected in that $312,983. The mental health area, as you may have heard Coleen say, will begin this fiscal year 84-85 and it's starting with a very small contract to augment her ability to see patients with the AIDS project. I believe you are aware that we have a separate jurisdiction problem in Los Angeles, we have the City and the County. In 1964 the City gave its health responsibilities to the County so that we expect from the City now support service dollars. They do not involve themselves in health service delivery dollars.

I heard some questions which I would like to reflect on. One we are not doubling our cases in Los Angeles every 6 months our estimate is, it's a mathematical equation, but that it comes about every 11 months at this time. We do diagnose...

ASSEMBLYMAN ROOS: Do you find any comfort in that?

DR. FINN: Not at all, because the most important statistic is that 1 dies every second or third day. So we add one new case every day and we lose one of those, as I say, every second or third day. The major area, I'm certainly in agreement with Dr. Schram, where we wish we had many more dollars, is in education. Each new development only opens up new avenues which need explanation to the medical workers, to the general population and to all of the high risk groups. We do not at this time have adequate funding by any estimation in that activity.

Reflecting on the questions around skilled nursing facilities...

ASSEMBLYMAN ROOS: Dr. in terms of not even coming close to adequate funding, what's the problem there? Do you think it's perhaps not a message that you're able to articulate clearly to the funding sources in terms of the urgency or do you see other health problems taking a greater priority status from your vantage point in Los Angeles County and, therefore, you'd rather opt for money for those programs rather than this program? Do you think that the community perhaps has not been brought to bear upon the political decision makers with respect to how catastrophic the disease is?

DR. FINN: I think the best way I can answer that is to say I clearly state in Los Angeles County that AIDS is the number one public health problem. I'm not sure that that is accepted totally by all funders.

ASSEMBLYMAN ROOS: What do you have to do to impress them? When their own Medical Director, it seems to me there's a crisis in confidence there. If they don't trust their Medical Director to identify what the number one health problem is and then follow their direction, it seems that they either need another Medical Director or they are just impervious to expert testimony on the matter.

DR. FINN: That's a conclusion. I'll have to accept it. We deal with a situation wherein AIDS is new, wherein I don't think enough pressure has been brought to bear on the subject, but then you have to remember my position working for the Department of Health Services, also. I certainly, though, am one to speak very loudly for AIDS care in Los Angeles County.

ASSEMBLYMAN ROOS: And to you it's not adequate?

DR. FINN: No, it won't be adequate until we've met every need that you've heard from the two previous speakers.

ASSEMBLYMAN ROOS: Thank you.

DR. FINN: The areas that I also want to highly support the need is the skilled nursing facility care. As you have heard we do not have any legal ability to require private institutions to deliver that care.

ASSEMBLYMAN ROOS: Did anyone ever think to ask the Legislature, that maybe that was an assist that...

DR. FINN: Yes, we have thought of that and we're working through, the AIDS project is working with the nursing

ca e industry in Los Angeles to try to arrive at identification of a facility, which interestingly will probably have to be willing to go out of business if, indeed, AIDS becomes a resolved situation. Their activity would require a certain kind of staff sympathetic and sensitive to the issue. We are informed that the facility probably would immediately suffer the loss of other kinds of patients. So what we would find would be a unique facility which can either give us a wing or the entire facility for the care of these patients.

ASSEMBLYMAN ROOS: Let me now tell you, Mr. Chairman, that I did this because there's been enough, I think, evidence presented in my district and Mr. Margolin's district that this type of hearing was necessitated, but I'm just frankly in a bit of shock about how all this stuff is swept under the carpet without any sort of public emotion about it. I mean how people can be systematically denied treatment in a facility and how the only way we'll be able to do that is maybe take over a facility that will eventually have to go out of business.

CHAIRMAN TUCKER: And for this reason we have denied the County of Los Angeles and the Governor the privilege of going for block grants for health services throughout the state.

Mr. Margolin just joined us, a member of the Health Committee and a representative of the County of Los Angeles. Assemblyman Margolin.

We have found that, well, they're following the guidelines of the Administration in Washington, Mrs. Heckler requested or stated that it was the number one problem, AIDS, and the Center for the Control of Diseases requested the $56 million and was denied that by the Administration. And that's a very tiny amount of money we're talking about. And Mike, I don't know why you're surprised at some of the other things that these Boards of Supervisors have done to the County Health Department of Los Angeles. Dr. Finn can't say it, but I certainly can. And they've really done a job, they have balanced their budgets on the backs of those people who really need help, senior citizens, family planning, health education, hell you name it and they've done a job.

DR. FINN: I think you have to realize what we have seen is a result of Secretary Heckler's statement in May saying that AIDS was, in effect, almost solved.

CHAIRMAN TUCKER: Who said that they had identified the organism that caused and consequently we'll be able to control it pretty soon. She didn't know what the hell she was talking about.

DR. FINN: It has decreased the possibility of funding federally, it has added to the denial in the higher risk population and it has certainly decreased the AIDS projects ability to arrive at voluntary funding, also.

CHAIRMAN TUCKER: Then there's another reason there. There's another reason that no one has mentioned today. At the very beginning they believed that only homosexuals had AIDS and could transmit AIDS. I remember when we had a little bill up here, a dog bill that would make it illegal to use pound animals for experimentation. Some people even suggested maybe we should use homosexuals instead of dogs, maybe we should use deformed children instead of dogs. You have to understand the mentality of some of the people that we represent. Very cold out there. And so far as homosexuals are concerned, if they could isolate that disease just to the homosexuals they would and they would provide no treatment whatsoever, Mike Roos, and you know damn well they wouldn't. The Administration as it is today, the Administration in Los Angeles and the State of California and in Washington would do the same thing.

ASSEMBLYMAN ROOS: Dr. I just wanted to ask you to go ahead and make a statement, I know that Congressman Waxman essentially said...

CHAIRMAN TUCKER: I have a little article here if you want it, Mikey.

ASSEMBLYMAN ROOS: ...in Los Angeles recently that funding on the national level is still a joke and that any vaccination developed, any vaccination to be developed is about 8 to 10 years away. Would you dispute that?

DR. FINN: I certainly would say it's longer away than 4 years, that would be my knowledge. I had the ability to testify at Congressman Waxman's hearing last Monday in Washington, and that was a consensus of Dr. Silverman for San Francisco, Dr. Sensor for New York and myself.

ASSEMBLYMAN ROOS: Thank you.

CHAIRMAN TUCKER: If they stumble on a cure, and remember if they stumble on a cure for AIDS, right now fine. But unless we have a major epidemic quadrupling the number of cases, there will be very, very little funding. They're not concerned, Mike, it hasn't hit the proportions that they want it to hit before they will deal with it. There's no money in it, no money in it right now.

DR. FINN: We experienced similar problems during the 70's with respect to drug abuse. You know, it was only when drug abuse began to hit a different level of the population that we were able to engender support for programs, expenditures.

CHAIRMAN TUCKER: When I was a youngster we had not too many cases of polio, and then a major epidemic of polio. They started to really getting into it, spending a lot of money on it and they eradicated it, almost. And they've done the same thing with venereal diseases. You know, Mike, I remember the days when you used to have a special urinal in the men's toilet for men who had ghonorrea and they were isolated in the hospital wards, they even thought that you could pass it on by using the toilets, you

know, same thing. We didn't know, but once we found that there was an epidemic and there's a lot of money to be made in it, then they really funded those experimental projects and, you know, like we treat syphillis and cure it in a couple of days.

DR. FINN: Our most effective tool will be education. The coming blood test, as you heard Dr. Schram indicate, will bring great cause for increased ability in that area. I guess the other great need has to be in psychosocial. The mental health problems of those who have AIDS, of those who love those who have AIDS, are so considerable that it's very difficult. Most of the psychosocial mental health services to this time in Los Angeles have been given by volunteer psychologists.

ASSEMBLYMAN ROOS: Dr., let me ask you this if I may, Mr. Chairman, and that is, if you had to write a number down on a piece of paper in order to get a toehold in Los Angeles County, or a foothold into the efforts that you think are necessary to do something about this problem, could you tell me what that number would be and could you tell me how you would allocate those resources?

DR. FINN: With the coming blood test question I would say nothing less than $10 million. I would give the highest priority to...

ASSEMBLYMAN ROOS: And this is L.A. County, alone?

DR. FINN: This is Los Angeles County because of its geography, for one thing, it's not an enclosed, small city such

as San Francisco. When we talk about education we're educating people in 4,000 square miles.

ASSEMBLYMAN ROOS: Well let me ask you a parenthetical question and that is, are we finding victims, a higher pronouncement of victims in some areas versus other areas? Where are the most...

DR. FINN: The higher numbers are in the central Los Angeles area, the Hollywood, West Hollywood, Silverlake areas. But there's no area of the County without AIDS persons. And interestingly it should be noted that 10% of our cases are Hispanic and we have not yet really gone into the question of other cultures and languages with respect to AIDS.

ASSEMBLYMAN ROOS: Okay, so we're $10 million and how would you spend it?

DR. FINN: Education, I would use probably $4.5 million of that. If we would have to purchase some skilled nursing facility beds, you know the figure, Mr. Titus I understand is going to testify, but the figure I have is that 4 beds are costing half a million dollars at Garden Sullivan. That's pretty high, but nevertheless when Coleen needs a bed for one of her patients, she needs that bed. That brings us up to $5 million, it won't surprise me if the hospital costs go up to another $5 million very fast. And then that hospital cost should be the mental health costs, also.

ASSEMBLYMAN ROOS: Now is education prescreening blood tests?

DR. FINN: Education will have to be on what the blood test means. Physicians don't understand it. The general population will suddenly read this in the newspaper and have great anxiety. They'll have the anxiety around communicability, around the protection of the blood supply and then we have the question of the at-risk, the high risk individuals who will have a blood test and must understand what that means. At this point in time we can't tell anyone what that blood test means in terms of their infectivity, whether they are a carrier, what their life is going to be like in the future. We can give them no assurance with respect to insurability or employability for the future.

Well, I really just felt my role here today was to detail what the County is spending. I guess I've been led to what I think the County should spend and I can just close saying that it is the number one public health problem of the nation and of Los Angeles County.

ASSEMBLYMAN ROOS: Thanks very much, Dr.

CHAIRMAN TUCKER: Dr. Finn, Mr. Margolin has a question.

ASSEMBLYMAN BURT MARGOLIN: Just to conclude on the dollar issue, Dr. Finn, this 83-84 budget you presented us with is for $3,200,000. You talked about a projected need of $10 million. Where are you in the process of developing a budget requesting this additional amount of money? Within the County decision making process, at what stage are you at right now?

DR. FINN: Well at this point in time we as a County look pretty much to Federal and State funding for the increase. However, in the areas of education the request will be upped by several hundred thousand dollars, that's my understanding for an extra...

ASSEMBLYMAN MARGOLIN: Requests from the County, will be increased by several hundred thousand dollars? And you think the need is in the millions?

DR. FINN: I don't think people understand what will be the fallout of the blood tests and other developments which will occur in the next 6 months.

CHAIRMAN TUCKER: Dr. Finn, thank you so much. Are there any other questions of Dr. Finn. Thank you very much for coming.

DR. FINN: Thank you for this opportunity.

CHAIRMAN TUCKER: Mr. Gary Titus, Coordinator AIDS Program, Department of Public Health, City of San Francisco.

MR. GARY TITUS: Mr. Chairman, Committee Members, thank you for the opportunity of coming to discuss this very serious problem and the response of San Francisco.

Today in San Francisco we have over 700 cases of AIDS. There are about 400 of those people living. Probably 80% of those are people who are residents of San Francisco. We would imagine that a good 20% of those are probably people from other counties or from other states who have moved to our area. There

is this clustering effect around major urban centers where people come to an urban center from smaller towns which is a problem that we don't want to ignore, that major urban centers have.

In San Francisco we are experiencing about 1.3 new cases of AIDS a day at this point. The cases will double this year on the current, given the current rate of increase. It's undoubtedly the worst infectious disease in modern history. In San Francisco 99% of those with AIDS are homosexually active men.

ASSEMBLYMAN ROOS: How many did you say again?

MR. TITUS: Ninety-nine percent. Which is very different than other communities. In San Francisco we have a very different situation as it relates to IV drug abuse and to this point have not experienced a mushrooming of AIDS in that population. We're directing some educational effort to inhibit the growth of AIDS in that population and we're very concerned about it. Also, in San Francisco, at this point the large majority of cases are White, a little over 90%.

In terms of funding, the current fiscal year 84-85 the budget today is $5 million for AIDS in San Francisco and we will send to the Mayor before the week is out a supplemental request for an additional $2.7 million in funding built on the needs that we're experiencing in terms of the growth of the epidemic, how that's reflected on our current system of services and also will provide for some high priority new services in our continum of services.

CHAIRMAN TUCKER: Mr. Roos has a question.

ASSEMBLYMAN ROOS: Yeah, in terms of that augmentation, number one how will you use that money and two, have you had the problems that have been encountered in Los Angeles with systematic rejection from skilled nursing homes, hospices, etc., and how do you deal with it, or how have you dealt with it?

MR. TITUS: Let's see there's 2 questions there. Let's talk about the second one first and then if I forget would you remind me about the first one.

There is a continual problem that we find in the community of people becoming concerned, alarmed, sometimes hysterical about AIDS. In all groups of people, the general public, people who are at-risk of catching AIDS and people who have AIDS. We have had a very active educational program in San Francisco targeted at all those populations since the end of 1982. We have not experienced a growing sense of hysteria in San Francisco around the epidemic. We've tried to sort of move right along. One of the first things we did was concentrate on service providers and health care workers in terms of introducing infection control information and advice across the board to all of those people. We launched a major educational program within the homosexually active or gay, bisexual community and we began to tackle city departments as problems would arise on the workforce. That is, there would be something like after the Gay Pride Parade two years ago where the city janitors wouldn't pick

up the trash without special suits. Or where the muni bus operator would not accept a transfer from a man. Or where the police felt they needed special breathing devices if they were going to have a homosexual man in the squad car with them. And I think that those are natural reactions on the part of people to a disease which we know, about which we know very little. And we've taken great care to get the word out that AIDS is no risk to the general population and to provide adequate information to the at-risk population. A survey that we did recently showed that about 95% of our gay and bisexual population understood what the risks were and what the guidelines were that we were recommending. There are continuing little outbreaks of concern among service providers, indications of an unwillingness to provide services. And what we do is prepare an inservice, we just launch an inservice training in the direction of that particular group. We think that it's going to be an ongoing problem. The news will bring up something new, the latest story in Marin County of a woman, a heterosexual, married woman dying of AIDS from a blood transfusion, brought a rash of calls to the blood bank and required a certain amount of education, which they handled very effectively.

In relation to the question of how we will spend this additional $2.6 million, I should say that last year we had directed about a half-a-million dollars toward education. During the next year we will add, or at this point we are adding another

million dollars in programming right now. Almost all of which has already started. The balance of the funds will go to augment a variety of services already in the field. But the new services are in the area of prevention.

We've seen a steady increase in our inpatient services at San Francisco General Hospital as have other hospitals to treat people with AIDS in the community and at this point all of our hospitals are working with this population. We have a specialized unit at San Francisco General Hospital, the decision was made in January of '83 to open a specialized unit of 12 beds in order to centralize the resources of the hospital to deal with this very special population. To offer the staff special training, to create a situation where the treatment of people could be more effectively coordinated. We found that we could serve the population and get people out of the hospital a lot sooner if we intensified the treatment and if we could watch it, keep it in one spot. It's more convenient for the doctors, the quality of patient care went up and we felt that it was more cost efficient. We are going to double the size of that ward at this point. On Friday we had 28 people in the hospital, we could only accommodate 12 on our specialized unit. So even at doubling the size of the unit we won't be able to house on that unit at all times all of the people that need the services.

In our outpatient clinic we have experienced the same kind of dramatic growth and are expanding the clinic to another

floor. We have seen the clinic in June of '83 serve 84 people, it jumped the next year to 165, it was 212 last month. We anticipate that the registrations will go from about 3,500 in the last fiscal year to about 8,500 before this year is out, in that clinic. With an aggressive outpatient clinic program we can do a lot to keep people out of the hospital. And then I want to talk about the community, the various community support services that we have too that militate against overusage of inpatient care which is terribly expensive.

Let me talk for just a minute about the general structure that was created within the Department of Public Health to deal with the epidemic. A year ago July, Dr. Silverman opened a the AIDS Activity Office. That's when I transferred over. I've been in the Department for 10 years and moved into that office July of '83. At that point we had established a Medical Advisory Committee which works with Dr. Silverman in terms of the development of medical policies and the discussion of the advance in knowledge in one thing and another. We have the AIDS Advisory Committee which is a group of service providers and community people, interested community agencies, really anyone that wants to come and can come. And it's an opportunity once a month for people to talk about the continum services to raise issues about problems in the services, to identify gaps in service and to go off and do what needs to be done to fill those gaps, to correct those situations. It's not a decision making body but the

Department uses it to identify the directions, general directions that we should be going. And we also have a Lesbian and Gay Health Services Coordinating Committee, which in the early days before the AIDS Activity Office focused the activity within the Department around AIDS and helped coordinate the activity between various branches of the Department.

AIDS has put a tremendous strain on the Department of Public Health in San Francisco. There was a lot happening before AIDS came along. These departments were working real hard. I've been very impressed by the willingness of departments in the various branches of the Department of Public Health to cooperate. I think a lot of that has to do with Dr. Silverman's identifying this as the primary public health problem in San Francisco and putting the full weight of his office behind the effort to launch a major campaign to both treat and prevent AIDS in San Francisco. And so that when the AIDS Activity Office was established directly under his supervision, we enhanced the possibility of working within the department and in the community directly speaking for Dr. Silverman on the issue of AIDS. Cutting out a lot of middle management and difficulty in getting direct access to political decisions. I think that's been very important. We also have had a very proactive part played by our Mayor in San Francisco in terms of her receptiveness to the AIDS issue and the identification of AIDS as a high priority in her Administration.

Within the Health Department, in addition to the special unit at San Francisco General Hospital and the outpatient clinic at San Francisco General Hospital, we have enhanced our Bureau of Disease Control to do casefinding in the area of AIDS. We have established 3 AIDS screening clinics scattered through the community to identify, help people in the community with easy access to identify cases of AIDS. We have accelerated our enteric disease program, we feel there may be some connection between enteric disease and AIDS; have tripled the size of that program since the beginning of the epidemic. And are adding a health educator to that program right at this time to work in conjunction with our other educational efforts. We've added 2 public health nurses, we are adding 2 public health nurses right now to do increased work with people with AIDS up to the point that they enter the system of our home health unit and I'll describe that in just a moment. Then we have a group of community services, a continum of community services for people with AIDS. One of the more important is located through contract with a group called Shanti. This is a group that provides volunteer counseling for people with AIDS and we have about 50% of our people with AIDS at any one time in volunteer counseling situations in San Francisco. There's a practical support program which is similar to something that was described in Los Angeles where we have a crew of volunteers that go shopping, that take people to medical appointments, that come in and clean house, do

a whole lot of things like that, that do gardening, that do banking, that do the things that a person whose health is in a precarious situation, who may be up one day and down the next can't follow through on. It's been really important to the people with AIDS in terms of maintaining themselves in the community. Shanti also has a residence program where we have rented apartments, 4 to 6 people living in an apartment, for people who have been displaced from their living situation and are no longer able to afford living on their own. So that a person in a precarious financial situation is not thrown out on their own if they have no resources for housing. In addition, we have an emergency housing program that can house a person immediately if all of their resources have been depleted and if they have no other recourse to housing. That's operated by the AIDS Foundation and it's funded by the Department of Social Services along with a unit of 5 social workers who act as advocates for people with AIDS in the provision of social services and in running the folks through these various social service programs that are very difficult to get through if you're; well, in the best of health it's hard to get through the welfare department, to get food stamps, to get general assistance and do that sort of thing, to apply for SSI to get the benefits for which a person's eligible. So we've established a very active advocacy program that's available for all people with AIDS. We have an AIDS Home Care Unit located at Hospice of San

Francisco which provides the full range of what would have been considered visiting nurse sorts of service. In home nursing service, in home attendant care homemaker services, so that if a person with AIDS is at the level where they don't need to be in the hospital we can maintain them in their private residences by providing, where needed, home health aids or attendants, visiting nurses and that sort of program. It's also possible for a person to make the decision that they want to die at home and the hospice can then provide 24-hour care if that's needed in the last phases of the illness. And does a really creditable job in cooperation with the Shanti Program of providing a humane, cost effective place for people to die. And a lot of people are dying, really everybody's dying with this disease at this point. If you look at the statistics back over the years, the further it goes back the higher the death rate is. So it's not too meaningful to get an average and say that 48% of our cases have died to this point. When you look back and see that 100% of the cases diagnosed in the first year, and 88% of those in the second year are now dead you get a sense of everybody being gone after two to three years.

In addition to the Shanti volunteer counselors we have a program of paid counselors, a group of paid counselors that work on the ward at San Francisco General Hospital. We have a half-time psychiatrist at this time, that works with them and a full-time social worker on the outpatient unit that deals with

the mental health issues of people with AIDS; can make home visits, has a direct relationship to our inpatient psychiatric service at General Hospital so that everybody knows how to deal with a person with AIDS that's decompensating and needs those specialized services. We're adding another social worker to that outpatient clinic effort. There's a tremendous stress and strain in the outpatient clinic. We feel that it's essential to tackle these problems early, not to wait until a person has decompensated and ended up in the psychiatric facility, but to catch them in the early phases of depression or anxiety decompensation. And to work with them so that we have the counselors on the ward, the volunteer counselor that comes to see the person with AIDS when they're in the hospital unit and the psychiatrist available on a daily basis to do consultations, so that planning is developed and people are identified who have potential mental health issues and are worked with. Just as we do advanced planning around residential issues and people that are going to need emergency housing and residential placement so that plans are made and home health workers are notified. The agency is brought into the picture at an early date to make plans around what these people's needs are going to be.

So that's the support system for people with AIDS. Now I'd like to talk just briefly about our education information and prevention program. As I said earlier, the program that we had in San Francisco we felt was very successful in terms of

identifying, in terms of letting the at-risk community know what the risk factors were for AIDS and giving general guidelines in terms of sexual activity, what folks should be doing. What we found out was that it was very, talking about it and people knowing about it was very different than people doing something about it. Just like the little thing on the side of the cigarette package that says you'd better stop. It's okay to read it but it often time doesn't go much further than reading it. And so what we've tried to do is take a serious look at that situation and see what we could do to help people change their sex habits. And actually a current telephone survey, a random telephone survey of 500 gay households indicate that there has been a tremendous move in the change of sexual habits in the at-risk community. I'm not free to discuss the specifics of that, it's not really completely out of the computer and printed, but there has been a significant move in a positive direction in San Francisco.

We see this as a very dynamic problem. The at-risk population is continually changing. There are always new developments. The stuff that's coming out of research which is apt to give people false hopes. It's important to get back out into the community immediately and interpret what finding the virus means, what talk of a blood test means in terms of continuing the practice of safe sex habits, for example. So that people don't get too encouraged by that sort of thing. There's a

need for a continuing local research and development in terms of education and prevention programs.

We have contracts with the AIDS Foundation in San Francisco at the present time in the area of AIDS prevention. One of those is a mass media program where we're taking a very studied approach to the development of PSA's, billboards, the use of forums, workshops, printed materials, posters, peer support groups in the community that will be organized, either amongst groups of friends or people who don't know each other, in a variety of ways to help people talk about what safe sex means and learn how to negotiate safe sex with a potential partner. There's a lot of interest in the community of people to change their sex habits but there's not an instrument to help people do that. And so we're launching a major effort right now that will be able to reach several thousands of people. It's sort of a tupperware party spreading kind of thing, chain letter effect where for a person to join this and for the program to be effective you've got to get all your friends to do it, too. And we'll be able to train our volunteer group leaders and launch a major effort.

We already have in place what's called the AIDS Health Project which is a major effort of the Department of Public Health through a contract with the University of California to provide, to look at the area of psychoimmunology which is really fairly new in behavioral medicine and pull out what we think

would be strategic areas to help people do what we would say boost immune function. Look at the whole wellness model in terms of prevention of AIDS at this point, and really get out there and encourage people to take a look at their health status. So we have a situation now where a person can come in, free of charge, for an hour's consultation to evaluate their health status and their risk behaviors. And at the end of that period get a good picture of what sort of recommendations our staff would have in terms of the action that they should take. They could join a depression prevention group, they could join a stress reduction group, they could join a general wellness group, they could join a group that talks about substance abuse and those issues, they could join a group that deals with, say sex practices. And these are 8 week sessions. We have all of those running now and are getting really excellent results and response back from them. We're creating a continum of services that runs through the media work that we're doing, forums and speakers through the self-help groups in the community and in using the basis as the AIDS Health Project, these professionally oriented groups using a participation strategy to get people in all of these groups, then to come back and as volunteer group leaders, as finders of other, the development of other participants, their friends, their neighbors in the community to take part in these groups. And we look to see a real change in sexual practices amongst the high at-risk population this year again in San Francisco.

Perhaps I should stop at this point and see if there are any questions.

CHAIRMAN TUCKER: Mr. Bronzan has joined us, he's a member of the Health Committee, Assemblyman Bronzan. Any questions from any member of the Committee?

ASSEMBLYMAN ROOS: The only thing that I'd like to ask, Mr. Chairman, is that I'm having a Town Hall meeting tomorrow and I'd appreciate it if you'd let the record be open to reflect some of the comments.

CHAIRMAN TUCKER: Fine. All right, and where will that be, Mike?

ASSEMBLYMAN ROOS: In Monterey.

CHAIRMAN TUCKER: We'll be there. Thank you for coming, Mr. Titus and the rest of you folks who came to testify.

ASSEMBLYMAN ROOS: I'm only kidding for those in the audience. Mr. Tucker wants to get to Monterey desperately, the Assembly can't afford it. This hearing that I'm having tomorrow comes out of my own pocket.

CHAIRMAN TUCKER: In Monterey?

ASSEMBLYMAN ROOS: In Los Angeles.

CHAIRMAN TUCKER: Oh. Is there anybody else, anyone in the audience who would like to say a few words? Feel free to come up. If not, I want to thank you very much for attending this hearing this morning. And this committee is adjourned.

Dr. Neil Schram,

Mr. Chairman and Members of the Committee

Thank you for inviting me to testify before your Committee about the needs of Los Angeles County regarding AIDS.

Since its description in 1981, almost 6,000 cases of Acquired Immune Deficiency Syndrome (AIDS) have been reported in the United States, almost 500 in Los Angeles County alone. There is a mistaken belief on the part of some people that with a blood test to "protect" the Nation's blood supply and a vaccine possible in a year or two that the health crisis is over. This is a potentially disastrous misconception. In a small sample of sexually active gay men in San Francisco, two thirds have been exposed to HTLV III, the virus that is the likely cause of AIDS. In Boston, the figure is about 25 - 30%. If, as with the number of cases per million population, Los Angeles falls in between the two, then probably hundreds of thousands of people in Los Angeles County either have been, or will be, exposed to the virus by the time a vaccine is proven both safe and effective. It is uniformly agreed that a vaccine will be of no benefit to those already exposed to the virus.

How many of those exposed to the virus will develop AIDS is clearly unknown at this time, as are the factor(s) that determine who will or won't develop the disease.

What has become clear is that until either effective treatment and/or a vaccine is found then clearly, prevention is the most important tool that we have to limit the number of people with this devasting disease. I must remind you that although the mortality rate is "only" 46% it is about 80% for those diagnosed more than 2 years ago. Further, it is estimated that the average medical costs for a patient with AIDS is about $100,000 or more. That of course does not even address the other costs to society of this disease.

In addition to prevention, especially among high risk individuals, here is a great need for education of health care workers about the disease. Very soon, blood banks will be screening blood donors for antibody to HTLV III. Remember that high risk individuals are already self-excluding from donating. Therefore, those individuals who have antibody will not suspect that they do. In any event, they will be advised to contact their physicians for follow-up. I must tell you that because, very frankly, physicians have no idea at this time what to do with someone with no symptoms who has the antibody to HTLV III. There will be great anxiety on the part of both the patient and the physician. One result will be a great increase in medical costs for those individuals until this is sorted out. It is essential therefore that an education program both for blood donors and for physicians be undertaken to explain what is known, and what is not known about the meaning of a test, and perhaps a group of physicians can make recommendations about what testing to do for those individuals. In any event, counselling of those individuals and their sexual contacts will again require considerable personnel resources.

I might add that if this education program does not happen, then people are liable to get the mistaken impression that they were healthy when they went to donate blood, but were then told they might have AIDS after donating. This could lead to a fear of donating blood which could also have a devastating effect on our blood supply.

I have so far addressed only the educational needs, not only for Los Angeles County, but indeed for all Communities. However, I do believe that in our County we have not done an adequate job of educating high risk individuals, specifically gay and bisexual men and IV drug users on risk reduction. That is a desparate need for reasons I indicated before. The type of educational effort must use many different approaches, and money is clearly needed to do so.

Mayor Bradley and Supervisor Edelman have recently appointed an AIDS Task Force of which I am the Chair and we are looking at ways of developing the needed programs. Hopefully when that is done, and I feel it should have been done before, we will know how much it should cost.

There are many needs of people with AIDS that are not being met, including the availability of skilled nursing beds outside the hospital. I want to state that to my knowledge the medical needs in the hospital of people with AIDS are being fully met. However, because many individuals lose their homes either because of inadequate income or because their landlords learn of their disease and evict them, I believe, though I can not yet document, that people are kept in the hospital beyond their true medical needs. A skilled nursing facility that would accept people with AIDS would decrease those hospital costs significantly.

There are many other needs of people with AIDS, including basics like food, clothing and of course psycho-social support that are being met by volunteer community organizations. Because over 90% of the cases in Los Angeles County have been in gay and bisexual men it has been largely the Gay Community that has responded. The organizations doing the work have uniformly been desparately short of funds to do what must be done. It is difficult not to believe that if this were not perceived of as a "gay" disease then much more funding would have been available from all levels of government. I must point out that the disease is spread by blood and also by sexual contact. Since viruses do not differentiate between homosexual and heterosexual behavior it will continue to be seen among heterosexuals in increasing numbers. I desparately hope that it does not require a large number of cases among heterosexuals for people to realize the seriousness of this disease.

I believe strongly that it is the responsibility of the Federal, State, City, and County to provide increased funding. This is a terrible disease affecting young individuals with an incredible mortality rate.

I greatly appreciate that you are reviewing the Funding question and hope you will recommend additional funds for our Community.

I thank the Committee for the opportunity to submit this testimony.

APPENDIX B

COUNTY OF LOS ANGELES

ESTIMATED AIDS EXPENDITURE

FOR FISCAL YEAR 1983-84

DEPT. OF HEALTH SERVICES	INPATIENT	OUTPATIENT	TOTAL
LAC/USC Medical Center	$ 2,100,000	$ 150,000	$ 2,250,000
Harbor/UCIA Medical Center	272,614	5,760	278,374
MLK, Jr.,/Drew Medical Center	50,000	-0-	50,000
Rancho Los Amigos Med. Ctr.	-0-	-0-	-0-
Olive View Medical Center	301,000	8,000	309,000
Mira Loma Medical Center	-0-	-0-	-0-
SUBTOTAL	$ 2,723,614	$ 163,760	$ 2,887,374
Ambulatory Care Services	$ ---	$ 900	$ 900
Public Health Programs	---	312,983	312,983
Antelope Valley Rehab. Ctr.	---	-0-	-0-
Mental Health	---	-0-	-0-
Alcohol and Drug Abuse	---	7,587	7,587
SUBTOTAL	$ ---	$ 321,470	$ 321,470
TOTAL - DEPT. OF HEALTH SERVICES	$ 2,723,614	$ 485,230	$ 3,208,844

OTHER COUNTY DEPT.	
FEMA	$ 51,000
Community Development - Block Grant	5,000
TOTAL - OTHER COUNTY DEPT.	$ 56,000
NET TOTAL - COUNTY OF LOS ANGELES	$ 3,264,844

EM-4-84-09-127

MBH/7-50

BOARD OF SUPERVISORS
COUNTY OF LOS ANGELES
821 HALL OF ADMINISTRATION / LOS ANGELES, CALIFORNIA 90012

EDMUND D. EDELMAN
CHAIRMAN OF THE BOARD
974-3333

September 18, 1984

Honorable Curtis R. Tucker, Chairman
Assembly Health Committee
State Capitol
Sacramento, California 95814

Dear Assemblyman Tucker:

Thank you for your letter informing me of the Assembly Health Committee hearing on Los Angeles AIDS funding which will be held on September 25 in Sacramento. Unfortunately, I will be unable to attend the hearing because my presence will be necessary to chair the regular Tuesday meeting of the Board of Supervisors. In my absence, I hope you will make this letter a part of the record of your Committee hearing.

It is my understanding that Dr. Martin Finn, Medical Director of the Los Angeles County Public Health Program will testify at the hearing. I am sure that Dr. Finn will be able to answer your questions about Los Angeles County's AIDS-related activities. In addition, I understand that Dr. Neil Schram, chairman of the Los Angeles AIDS Task Force, will be available to testify. Dr. Schram is an internist at Kaiser-Permanente and is past President of the American Association of Physicians for Human Rights. Mayor Tom Bradley and I recently convened the Los Angeles AIDS Task Force to help coordinate our local AIDS activities and to advise us on policies relating to AIDS. Dr. Schram will certainly be able to describe some of the program needs which have been identified locally.

For some time now, I have been working with the County Department of Health Services in an attempt to make sure that the basic needs of persons with AIDS are being met by the County hospitals. In addition to this direct care for persons with AIDS, the County has played an active role in educating the public about AIDS. We have also funded an AIDS referral clinic at the Gay and Lesbian Community Services Center. In addition, on several occasions the Board of Supervisors has appropriated block grant funds to local non-profit agencies which are helping to meet the AIDS crisis by providing emergency food, shelter, and other social services. It is my understanding that the City of Los Angeles is now considering similar block grant funding to these agencies.

Again, thank you for inviting me to testify at the hearing. I look forward to any help your Committee can provide in our efforts to meet this public health crisis.

Sincerely,

EDMUND D. EDELMAN
Supervisor
Third District

CC: Dr. Martin Finn
Dr. Neil Schram
Robert Gates, Director,
Dept. of Health Services

Peggy Stevenson

Councilwoman, City of Los Angeles

13th District
City Hall
Los Angeles, 90012
485-3353

CHAIRWOMAN
Charter and Elections Committee
VICE CHAIRWOMAN
Personnel and Labor Relations Committee
VICE CHAIRWOMAN
Ad Hoc Committee For The
1984 Olympic Games
MEMBER
Recreation, Library and
Cultural Affairs Committee
MEMBER
Sister City Committee

September 21, 1984

Honorable Mike Roos
Assemblyman, 46th District
600 South New Hampshire
Los Angeles, CA 90005

Dear Assemblyman Roos:

I am very concerned about the hearing that the Assembly Committee on Health is having concerning AIDS. Unfortunately, I will not be able to attend the hearing on September 25th. I would appreciate it if you would make these remarks on my behalf.

I want to speak to you today about AIDS and the affect that it is having on our communities.

AIDS, the Acquired Immune Deficiency Syndrome, is very real in Los Angeles. It isn't a mythical illness that affects other people. It is most particularly real in my City Council District. I know people afflicted with AIDS. I know their families and their loved ones. And I have known people who have died from the Acquired Immune Deficiency Syndrome and its related illnesses.

469 people have been diagnosed to have AIDS in the City of Los Angeles. Many of these people are from my district.

I am not a medical person. I cannot find a cure for this illness but I can and will do everything in my power--either through legislation or funding--to provide support services for the victims and those who love them.

I first became aware of the problem about 18 months ago when my constituents, community leaders and friends began to voice their fears about AIDS. I realized that there was a dearth of information about the illness itself and about how it is contracted. There was almost no place to go to get information. The agencies

that were trying to help were woefully underfunded. There were precious few support systems for victims or their families. I discovered that persons afflicted with AIDS were being refused medical treatment in some cases, or being given poor treatment because of misdiagnosis. They were treated as outcasts. AIDS victims had become modern-day untouchables. Clearly, something had to be done.

I began searching for funding to help provide information. I found $7,800 in 13th District allocations and funded AIDS Project Los Angeles to publish an educational brochure.

I have reprogrammed an additional $23,629.83 to AIDS Project Los Angeles for a day care program for persons afflicted with AIDS. The City has matched these funds for a total appropriation of $46,259.66.

Recently, the City Council appropriated $50,000 in general fund monies for the Gay and Lesbian Community Services Center to provide screening and counseling for AIDS victims and their loved ones.

All totalled, the City of Los Angeles has appropriated over $105,000 for support systems, educations programs, and counseling to help the victims and all of us cope with this problem. We earmarked an additional $166,000 for next year. And I know that we in the City will continue to do even more.

Yet, It isn't enough. It will never be enough until this scourge is erradicated. In the meantime, we need your help. The State must help us to provide these services. The problem is not getting better. More and more people are being affected by AIDS. It isn't limited to one community or another. It affects us all.

I would ask this Committee to examine the issue before you thoroughly and expeditously. But, please remember that we need your help and our communities need the money that the State can and must appropriate.

Thank you for affording me the opportunity to make these remarks.

Sincerely,

Peggy Stevenson

PEGGY STEVENSON
Councilwoman
13th District

The Gay and Lesbian Community Services Center

A Non-Profit Human Services Organization

TO THE MEMBERS OF THE ASSEMBLY HEALTH COMMITTEE:

TESTIMONY - SEPTEMBER 26, 1984

Presented by: Garland R. Kyle, MA
Director of Health Education/Information
Gay and Lesbian Community Services Center
Health Services Program

TO THE MEMBERS OF THE ASSEMBLY HEALTH COMMITTEE

TESTIMONY - SEPTEMBER 26, 1984

In June of 1984, Dr. Michael Gottlieb, a leading UCLA AIDS researcher and noted national expert in the field, made the following statement: "With the continuing escalation of the AIDS crisis, our only hope to significantly impact the problem within the next 5 years is intervention through education and risk reduction."

As of August 31, 1984, 488 AIDS cases had been reported in Los Angeles County. Of those, 463 - 94.9% - were homosexual or bisexual males.

THE NEED FOR SERVICES

The homosexual population of Los Angeles County is estimated at some 750,000 (10% - Kinsey Study), an estimate which is considered conservative. A more accurate figure would place this population group at closer to one million. The homosexual and bisexual populations are considered the highest risk group for contracting AIDS (Acquired Immune Deficiency Syndrome).

At present (September 3, 1984), over 5896 cases of AIDS have been reported nationally; over 2688 of these cases have died. In Los Angeles County (August 31, 1984), some 488 cases have been diagnosed, and almost half have died. Currently, statistics are showing that reported diagnosed cases of AIDS are doubling at the following rates: New York City, every 1.5 years; San Francisco, every 9 months; and Los Angeles, every 6 months. The rising incidence of AIDS is alarming. Los Angeles is the third largest urban area where the incidence of the disease is prevalent and continues to climb.

Secretary of Health and Human Services, Margaret Heckler, has already stated that AIDS is the number one health priority of this nation, yet monies to fund services to AIDS-related organizations have not been forthcoming. The need for direct patient support services for persons with AIDS, psycho-social services to the "worried well", adequate AIDS prevention clinics, and a massive health education/media/community outreach program are needed immediately. Effective prevention and health education programs are essential to reduce the incidence and encourage behavioral change within the gay community.

Currently, New York City is spending over $8 million on AIDS-related services, while the City and County of San Francisco is spending some $5.5 million. Identifiable sources of AIDS monies in Los Angeles County and the City of Los Angeles represents only a few hundred thousand dollars annually. The current allocation of $1 million dollars by the State of California (FY 1984-85) is barely enough funding to provide basic support monies for the thirteen (13) previously State-contracted agencies (FY 1983-84). If divided equally, the $1 million would represent less than $100,000 per agency.

These funding allocations are inadequate and represent the failure of the City, County and State officials to prioritize AIDS services. One wonders, that if this disease were effecting a different population, would monies be forthcoming? Without a massive health education strategy, the incidence of the disease will continue to soar far beyond what has been stated as "tolerable" public health levels.

GLCSC AIDS PROGRAMS

Since its founding in 1971, GLCSC has grown into a major human service agency in Los Angeles with both a national and international reputation for the excellence of its pioneering programs. During the past decade, "the Center" has remained loyal to its original vision - a grass-roots community center being professionally responsive and responsible to the community which it serves.

GLCSC is a multi-purpose human service agency which provides a wide range of services that are free or at low cost. Our programs include health services, alcohol abuse and counseling services, job training and employment services, youth and senior services, and information and referral services.

The Clinic

Organized in 1973, the GLCSC Health Services Program symbolizes the successful efforts of the gay/lesbian health care network. The clinic represents the first facility in history to serve the unique medical and health care needs of gay men. Currently, the Clinic is providing direct health care services to thousands of patients monthly.

Through our clinic's client statistics, we have found an alarming increase in rectal gonorrhea - a clinical indicator used to assess whether behavioral changes have taken place within the sexually active gay male and bisexual male communities. Rectal-genital sexual activity is probably the most significant indicator of high-risk sexual behavior with regard to the transmission of AIDS within the gay male community.

The following statistical information represents GLCSC Clinic's rectal gonorrhea statistics for 1984:

Month	Total Number of Patients	% Rectal/GC
January	Closed	---
February	617	7.7
March	749	10.8
April	654	4.7
May	714	9.3
June	747	8.7
July	800	9.6
August	1062	13.1

In essence, what this information means is that risk reduction information with regard to AIDS has not reached and/or impacted a large percentage of homosexually active gay men.

AIDS Prevention Clinic

The AIDS Prevention Clinic provides medical evaluation for AIDS, health education and up-to-date information on AIDS. Funded by teh County of Los Angeles ($58,000 for FY 1984-85), the AIDS Clinic provides services free of charge.

Operating as a half-day clinic every week, the clinic has received some 1990 requests for services since its inception early this year. One-third of those patients requesting services have been minority patients, representing black, hispanic and Asian/Pacific gay populations. 111 of this total were actually screened and seen by the triage team of a health educator, nurse, and physician.

The following statistical data represent the clinical outcomes of those seen clinically at the AIDS Prevention Clinic and the medical problems diagnosed: 57.5% AIDS-Related Complex (ARC); 10% AIDS; and 32.5% normal examination. During this reporting period, three individuals diagnosed with ARC developed pneumocystis carinii pneumonia.

Health Education

GLCSC's health education program has attempted to provide an array of activities to inform our community and clients of the risk factors involved in the transmission of AIDS. Due to this program's limited financial resources, these activities have been limited to in-house one-to-one interviews, development of an extensive literature collection, outreach to both media and community agencies. Literally hundreds of requests for health education information pour into the clinic monthly and have taxed much of the health education office's availability to do more extensive outreach and networking within our community.

In cooperation with the State of California Department of Health Services, the Health Education program of GLCSC produced a critically acclaimed AIDS Education video entitled For Our Lives. Currently, this video is being readied for distribution nationally.

Computerized AIDS Information Network (CAIN)

In cooperation with various AIDS-related organizations throughout the country, the CAIN system was developed as a computer conferencing network between health departments, universities and AIDS organizations. This system was created to provide easy access of information for AIDS-related health activities and for dissemination of common baseline information.

UCLA AIDS Natural History Study

In cooperation with the University of California, Los Angeles, School of Public Health, GLCSC is providing rental space for this research project which has been designed to chart the natural history of AIDS. Some 1200 healthy gay and bisexual men are being recruited as participants. Through analysis of the data collected, researchers hope to be able to identify factors which are related to an increased risk of developing AIDS.

SUMMARY

The demand for services in the midst of an ever growing health crisis continues to rise unabated. CDC officials (Centers for Disease Control) assume some 200,000 people nationwide have already been infected with the viral agent responsible for AIDS. Without effective health intervention strategies, AIDS will continue to spiral. With a risk population of almost one million in Los Angeles County, the problem is severe.

We estimate that to provide comprehensive AIDS services to this population group - our community - including expansion of current programs and staff, and the initiation of a major health education prevention campaign, GLCSC Health Services programs would need at least a million dollars annually in additional funding.

GLCSC has been in the profession of delivering quality health services to the gay and lesbian community for some 12 years. We believe that we are the most appropriate and suitable agency to continue such services. AIDS services have become a priority in our educational and clinical responsibilities. This disease has reached epidemic proportions in our community and there is an immediate need for effective and responsible action from public health and government officials.

Members of the Interim Assembly Health Committee Forum on AIDS Funding:

I am presently a Board-certified emergency physician in the practice of general and emergency medicine in Hollywood, and am President of the Southern California Physicians for Human Rights, an organization representing over 300 gay and lesbian physicians in Los Angeles and Orange Counties. Established in 1978, our group is comprised of physicians in training, academic physicians, and physicians in private practice. We represent a large proportion of those physicians caring for people with AIDS in Los Angeles and Orange counties.

As a physician with a practice made up of 75-80% gay men and lesbians, and as President of SCPHR, we have several concerns that we feel should and must be addressed by this committee. These issues involve the needs of people with AIDS, how the County of Los Angeles can best serve its citizens with this chronic, fatal disease, and how the State of California can best serve its citizens in conjunction with the county government.

This committee is well aware of the meaning of AIDS--Acquired Immunodeficiency Syndrome, and, we trust, that of the lesser understood and ill-defined group of symptoms comprising the AIDS-Related Complex (ARC). It is our feeling that people with AIDS and ARC should be treated similarly in relationship to needs which should be addressed in our discussion today.

It would be very easy, and perhaps, expected, of any physician group to come before you to plead for additional monies for research into the causes and treatment of AIDS and ARC. We are certainly not going to deny that additional funds must be allocated for this purpose; however, it is the role of the Federal government through such agencies as the National Institutes of Health and Centers for Disease Control, and the State government to provide these funds. It is neither appropriate nor feasible for the county government to concern itself with basic research, when it has more specific day-to-day responsibilities to its citizens.

As a physician in practice, we understand that the most important needs of our patients with AIDS/ARC is not necessarily basic research nor special treatment wings at the county hospital, but rather the most basic social needs of any person with a chronic, debilitating illness: needs for transportation, food, housing,

medications, and attendance to personal hygiene and psychological support.

CPHR argues that people with AIDS do not want, nor should they receive further isolation from other persons with any chronic, fatal illness. They do not need special "AIDS wings" at the county hospital. They already suffer from loss of job, loss of health care benefits, loss of homes, and loss of friends. It makes no sense for the county to further separate them from other hospitalized patients.

Additionally, the county need not spend its money on providing additional inpatient services to these people. LAC-USC Medical Center, Harbor General Hospital, UCLA, City of Hope, and other private institutions offer excellent care for our hospitalized patients. What these people do need, however, is assistance from the county government in meeting their day-to-day needs. These people, after all, have an illness which strikes in young adulthood, and lingers for two to three years before its fatal outcome. Most of that time is not spent inside the hospital, but rather, outside of it.

Imagine yourself at age 29, with diffuse Kaposi's Sarcoma discolorations over your face and body, a 20-30 pound weight loss, chronic fatigue, and the need for supplemental oxygen to maintain your breathing because your disease has now invaded your lungs. You have lost your job as a bartender (you couldn't work if you wanted to), your friends are afraid of contracting your illness, and your family lives back East. Your roommate has moved out of your apartment. Now ask yourself, "How do I get to my doctor's office each week?", "How do I clean my apartment when I tire out just walking to the bathroom?", "How do I pay for my medication since my health insurance doesn't pay for medications?", "How do I go shopping and prepare my food, since I'm tethered to an oxygen line at home?" These are the day-to-day questions faced by my patient Stephen ___.

Or, imagine you are 42, and have widespread Kaposi's Sarcoma involving your face and arms. You've lost your job as a surgical nurse, your lover of eight years has left you, you live in Hollywood, and have to get to UCLA every week for injections of gamma interferon, which leave you weakened, with nausea and vomiting. You are too weak to drive, and depend on city buses to get to UCLA, which means two transfers and 1-1½ hours of travel time each way. You know what my patient, Bill __ faces.

Or, perhaps, you are a 27-year old accountant with a major airline. You have been hospitalized twice with bacterial and pneumocystis pneumonia over the past three months, and have had recurring infections of your mouth. You are laid off from your job due to your recurring illnesses necessitating lost time from work, and are allowed only one year of coverage of your group health insurance due to your continuing illness. You've finally recovered enough to return to work, but are afraid to do so, because that would end your insurance benefits, and no new carrier would ever insure you. That is the dilemma faced by Brian __.

Can you imagine the plight of John __, when he experienced four cases of recurrent oral fungal infections and such profound fatigue due to ARC, that he lost his position as a Los Angeles County venereal disease epidemiologist, then went on to regain his strength long enough to obtain a new job with a computer firm, only to develop Kaposi's Sarcoma after two months on the job, and fail to qualify for group insurance?

And what of the dismay of Robert __, who at age 43, has ARC with chronic, untreatable diarrhea, with fatigue, and has lost his job as a waiter. Because he fails to qualify for Federal Social Security benefits, and can no longer afford to continue private medical care, he must now start the entire process again at a county hospital clinic with a physician-in-training.

These cases only serve to illustrate the overwhelming odds facing young, previously healthy people, who must come to grips with a deadly and chronic disease that frightens co-workers, family and friends, and creates social outcasts.

We believe this committee should, therefore, encourage the County of Los Angeles to provide funding to meet these needs: by funding additional social workers through the County Dept.of Social Services and Shanti Project; by providing additional home health care nurses through the Visiting Nurses Assoc. (VNA); by funding vans to transport people with AIDS to their medical and hospital appointments through the Gay and Lesbian Community Services Center (GLCSC); and to provide assistance with house cleaning and grocery shopping through Aids Project/Los Angeles and Aid for AIDS.

We encourage the County of Los Angeles to make full use of agencies already in place in the community rather than create new levels of bureaucracy. Private agencies such as the GLCSC, Aids Project,Aid for AIDS, Shanti Project, VNA have a documented history of providing more efficient services at a lower per capita cost than comparable county facilities, plus they have earned a greater trust among our patients than the county bureaucracies. Finally, they are people who not only are able to do the work cheaper and more efficiently, but are anxious to serve this particular community.

By funding additional staff for these agencies, not only would people with AIDS benefit, but so, too, would all patients with chronic, debilitating diseases, including those with Sickle Cell Disease, Multiple Sclerosis, Diabetes, etc.

In addition to encouraging the County of Los Angeles to take a more responsible role in meeting the social needs of people with AIDS/ARC, the County must take a more direct role in providing for the education of both the high-risk groups, as well as bath house owners and similar establishments, as well as the general public. This, to reduce the fears and unwarranted myths surrounding this disease. Through the GLCSC and Aids Project, much of this education can be undertaken.

Finally, this committee has a moral and ethical responsibility to effect the State Commissioner of Insurance, to encourage that agency to better provide for the needs of all people with chronic illnesses, by eliminating exclusionary and pre-existing clauses of health insurance policies that unduly discriminate against these people. These clauses prevent patients from obtaining benefits that might keep them off the County welfare rolls, and allow them to continue to receive care in the private sector, with the providers of health care whom they have come to know and trust.

In summation, as a primary care physician who must attend to both the medical and psychosocial needs of my patients, and as President of the second-largest group of gay and lesbian physicians in the United States, I seek the support of this committee to:

1. Encourage the County of Los Angeles to better provide for the needs of its chronically ill and dying citizens by providing additional funding to a network of social service agencies already in place and working for the community--the GLCSC, Aids Project,

Aids for AIDS, Shanti Project, VNA, and the County Dept. of Social Services;
2. Encourage the County of Los Angeles to provide monies for education of high risk groups and the general public;
3. Encourage the Commissioner of Insurance to eliminate pre-existing conditions and other exclusionary clauses from the health insurance plans of those with chronic illnesses, such as AIDS/ARC.

There is no greater satisfaction than helping those who face untimely and unnatural death meet their end with grace, and dignity, and self-respect.

Thank you for your attention and consideration.

Steven L. Harris, M. D., FACEP
President
Southern California Physicians for Human Rights

26 September 1984

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